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STATEMENT OF

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SECRETARY OF

FEC FORM 1	ORGANIZATI	ON		JUL -8 PM 1:	
NAME OF COMMITTEE (in	full) (Check if name Ex	xample:If typing, type ver the lines.	2FE4M5		
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3. FEC IDENTIFIC	C C00566	851		կ։ 26	
4. IS THIS STATE	MENT NEW (N) OR	AMENDED (A)			
I certify that I have e	examined this Statement and to the best of my	y knowledge and belief it is t	rue, correct a	and complete.	
ype or Print Name	CARELL MORRE	Da	te 07	08 / 20	15
OTE: Submission of	false, erroneous, or incomplete information may s ANY CHANGE IN INFORMATION S			the penalties of 2 U.S.C.	§437g.
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